



DAC/

DEWIPAT No. 30.034.10.US
UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM

		Application Number	09/735,989
		Filing Date	December 13, 2000
		First Named Inventor	Johan H. Geerke
		Title	Dosage Forms Having a Barrier Layer to Laser Ablation
		Art Unit	1615
		Confirmation Number	5705
		Examiner Name	James M. Spear
Total Number of Pages Submitted		Attorney Docket Number	ARC2940R1

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APR 06 2004

OFFICE OF PETITIONS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52/1.53 <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive Abandoned Application <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Power of Attorney, Associate, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination
<u>Remarks:</u>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm/Individual	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>		
Date	3/30/2004		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>	Date	3/30/2004

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL

APR 02 2004 for FY 2004

 Applicant claims small entity status.

AMOUNT OF PAYMENT \$ 2145

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First Named Inventor	Johan H. Geerke
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number: 10-0750Deposit Account Name: Johnson & Johnson

The Director is hereby authorized to: (check all that apply)

Charge fee(s) authorized below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) \$			

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	2053	130
1812	2520	1812	2520
1804	920*	1804	920*
1805	1840*	1805	1840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1480	2254	740
1255	2010	2255	1005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1510	1451	1510
1452	110	2452	55
1453	1330	2453	665
1501	1330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) \$ 2100			

Submitted By (Name)	Adenike A. Adewuya	PTO Registration No.	42,254	Telephone	281-477-3450
Signature	<u>Adenike A. Adewuya</u>			Date	3/30/2004

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	- 20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	5 - 3(or 4)** =	1 x	45 =	45
Multiple Dependent				

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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	18	2001	9	Claims in excess of 20
1002	86	2002	45	Independent claims in excess of 3
1003	290	2003	145	Multiple dependent claims, if not paid
1004	86	2004	43	**Reissue independent claims over original patent
1005	18	2005	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 45				

** or number previously paid, if greater; For reissues, see above.